Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 10-1-12 | |
|--|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> | |
| Automobile Liability Private | | | |
| Passenger Commercial | | | |
| Automobile Physical Damage Private Passenger Commercial | | | |
| Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other Workers Compensation | <u>\$361,138</u> | 5.4 <u>%</u> | |
| Line of Insurance | | | |
| Does filing only apply to certain territory (ter | rritories) or certain classes? If so, specify: | No | |
| Brief description of filing. (If filing follows rate NCCI changes in circulars IL-2011-03, IL-20 | | ganization): We are filing to adopt the | |
| | | | |
| | | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | ch will result from application of new rates | | |
| | Alliad D0 | C Insurance Company | |
| | | Name of Company | |
| | | tame of company | |
| | Marie T. Safi | reed, State Filing Specialist | |
| | 772 | Official – Title | |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective | | 10-1-12 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)</u> * | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Page 1972 Commercial | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | \$478,898 | 4.9% |
| Line of Insurance | | |
| | (territories) or certain classes? If so, specify: I | |
| NCCI changes in circulars IL-2011-03, I | | anization). We are ming to adopt the |
| | | |
| *Adjusted to reflect all prior rate change **Change in Company's premium level v | s. which will result from application of new rates. | |
| | AMCO I | nsurance Company |
| | | ame of Company |
| | Marie T. Safre | ed, State Filing Specialist |
| | | Official – Title |

| nange in Company's premium or rate level produced by rate revision effective | | tive November 1, 2012 |
|---|--------------------------------------|---|
| | | |
| (1) | (2) Annual Premium | (3) Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | - | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation Line of Insurance | \$3,959,597 | -7.5% |
| Does filing only apply to certain territory No. | (territories) or certain classes? If | so, specify: |
| Brief description of filing. (If filing follow New deviation filing based on curren | | |
| * Adjusted to reflect all prior rate char ** Change in Company's premium lever result from application of new rates. | el which will | |
| | - | American Home Assurance Company Name of Company |
| | _ | Walter Murphy Filings Analyst |
| H29219D | | Official - Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ite level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 08/01/2012 | • |

| (1) | (2) Annual Premium | (3) Percent |
|---|--|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag Private Passenger | | • |
| Commercial | | |
| Liability Other Than Auto | - 1-PA-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | - <u>-</u> | |
| Surety | | |
| Boiler and Machinery | ************************************** | |
| Fire | | |
| Extended Coverage | The state of the s | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | · | |
| Crop Hail | | |
| Other Worker's Compensation | 1385386 | 6.070% |
| Life of Insurance | | |
| Does filing only apply to certai Classes? If so, specify: N/A | n territory (territories) or | certain |
| | | |
| Brief description of filing. (If fil | ing follows rates of an a | dvisory |
| Organization, specify | | |
| organization): | | npany of Kansas's Loss Cost Multiplier to 1.80 |
| (The previously filed LCM for Amtrust In | surance Company of Kansas was | s 1.697.) |

Amtrust Insurance Company of Kansas, Inc.

Name of Company Submitted by: James Shoenfelt, ACAS, Consulting Actuary

rates.

| hange in Company's premium or rate level produced by rate revision effective | | ive November 1, 2012 |
|---|--------------------|-----------------------------------|
| | | |
| (1) | (2) | (3) |
| | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability | | |
| Private Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| | | |
| Liability Other Than Auto Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$1,883,705 | 7.5% |
| Line of Insurance | | |
| Does filing only apply to certain territory No. Brief description of filing. (If filing follow | • | |
| New deviation filing based on curren | | |
| * Adjusted to reflect all prior rate char ** Change in Company's premium lever result from application of new rates. | el which will | |
| | | |
| | _ | Chartis Property Casualty Company |
| | | Name of Company |
| | | Walter Murphy |
| | | Filings Analyst |
| | | Official - Title |
| H29219D | | |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate le | evel produced by rate revision effective | 10-1-12 |
|---|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | - | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | \$14,076 | 2.3% |
| Line of Insurance | | |
| | (territories) or certain classes? If so, specify rates of an advisory organization, specify o | |
| NCCI changes in circulars IL-2011-03, IL | -2011-07, IL-2011-11, IL-2011-14 | |
| | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | s. which will result from application of new rates | 3 . |
| | Donosit | ors Insurance Company |
| | | Name of Company |
| | Marie T. Sat | reed, State Filing Specialist |
| | | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| - | (1) | (2) Annual Premium | (3) Percent |
|-----|---|--|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| ۷ | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | ************************************** | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 10100713 | 0.300 |
| | Life of Insurance | | |
| • | Does filing only apply to cert Classes? If so, specify: | ain territory (territories) or | certain |
| | | | |
| | Brief description of filing. (If | filing follows rates of an a | dvisory |
| | Organization, specify | Submission to increase curren | nt schedule rating premium eligibility threshold |
| | organization): and policy minimum premium requirem | | it scriedule rating premium engibility threshold |
| | and policy minimum premium requirem | ierr. | |
| | *Adjusted to reflect all prior r | rate changes. | |
| | **Change in Company's pre- rates. | | It from application of new |
| | | Employers Assura | nce Company |

Name of Company

Official - Title

Carla Hornibrook

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|----------------------------------|---|--|---|
| A. 4 1 | Coverage | - Volume (Illinois) * | Change (+or-) ** |
| | bile Liability Private | | |
| Passen | • | | |
| Comme | | | |
| | oile Physical Damag | | • |
| | Passenger | | |
| Comme | | | |
| - | Other Than Auto | | |
| • • | and Theft | | |
| Glass | | | |
| Fidelity | | | |
| Surety | | | |
| Boiler ar | nd Machinery | | |
| Fire | | | |
| | d Coverage | | |
| Inland M | larine | | |
| Homeov | ners | | |
| Comme | cial Multi-Peril | | |
| Crop Ha | il | | |
| Other wo | rkers Compensation | 679549 | 0.770 |
| | _ife of Insurance | | |
| Does fill Classes specify: | | tain territory (territories) or | certain |
| | • | filing follows rates of an ad | dvisory |
| | ation, specify | Culturalization to improve a summer | |
| organiza | • | | t schedule rating premium eligibility thres |
| and policy | minimum premium requirem | nent. | |
| | ed to reflect all prior rige in Company's pre | rate changes. mium level which will resul | t from application of new |
| rates. | | | |
| | | Employers Compe | nsation Insurance Company |
| | | Nar | ne of Company |
| | | Carla Hornibrook | • |

FORM (RF-3)

| Change in Company's premium or rate level produced by rate | revision |
|--|----------|
| effective 10/01/2012 . | |
| | |

| _ | (1) | (2) | (3) |
|------------|--------------------------------------|---|--|
| _ | | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6 . | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | ************************************** |
| 14. | Crop Hail | *************************************** | |
| 15. | Other Workers Compensation | 17131589 | 1.170 |
| | Life of Insurance | 17.10.1000 | 11.70 |
| • | and or modification | | |
| | Does filing only apply to certa | ain territory (territories) or | r certain |
| | Classes? If so, | | |
| | specify: No No | | |
| | | | |
| | Brief description of filing. (If f | iling follows rates of an a | advisory |
| | Organization, specify | | |
| | organization): | Submission to increase curre | nt schedule rating premium eligibility threshold |
| | and policy minimum premium requireme | ent. | |
| | | | |
| | *Adjusted to reflect all prior ra | | |
| | **Change in Company's pren | nium level which will resu | ılt from application of new |
| | rates. | | |
| | | | red Insurance Company |
| | | | me of Company |
| | | Carla Hornibrook | |
| | | | Official – Title |

| Change in Company's premium or rate le | evel produced by rate revision effective | November 1, 2012 |
|--|--|---|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | | |
| 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation | \$1,567,902 y (territories) or certain classes? If so, | 25.0% specify: |
| No. Brief description of filing. (If filing follow New deviation filing based on current * Adjusted to reflect all prior rate character to the company's premium lever result from application of new rates. | ws rates of an advisory organization, so the expense multiplier and NCCI's apparent or the expense multiplier and NCCI's apparent or the expense of the expe | pecify organization): |
| | | Granite State Insurance Company Name of Company Walter Murphy Filings Analyst |
| H29219D | , | Official - Title |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2012

| - 100 m | (1) | (2) Annual Premium | (3) Percent | | | |
|---------|--|--|--|--|--|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** | | | |
| 1. | Automobile Liability Private | | | | | |
| | Passenger | A-A- | erien er | | | |
| _ | Commercial | | And the second s | | | |
| 2 | Automobile Physical Damag | | • | | | |
| | Private Passenger | manufacture of the control of the second of | | | | |
| _ | Commercial | and the second s | | | | |
| 3. | Liability Other Than Auto | | and the second s | | | |
| 4. - | Burglary and Theft | | · · · · · · · · · · · · · · · · · · · | | | |
| 5. | Glass | | And the state of t | | | |
| 3 | Fidelity | | . A parameter and the second s | | | |
| 7. | Surety | <u> </u> | Carried and the Control of the Contr | | | |
| 3. | Boiler and Machinery | | | | | |
| €. | Fire | Shirts and the same of the sam | · *** | | | |
| 10. | Extended Coverage | | | | | |
| 11, | Inland Marine | | . One garrenging to substitute the consequence of t | | | |
| 12. | Homeowners | | *** | | | |
| 13, | Commercial Multi-Peril | | | | | |
| 14. | Crop Hail | | | | | |
| 15. | Other Workers Compensation | 1,433,684 | 7,49% | | | |
| | Life of Insurance | | | | | |
| * | Does filing only apply to certa Classes? If so, specify: | in territory (territories) or | | | | |
| | Brief description of filing. (If filing follows rates of an advisory | | | | | |
| | Organization, specify | | | | | |
| | organization): Adoption of NCCI's 1/1/2012 loss costs. | | | | | |
| | And the second s | | induntaria de la compania de la comp | | | |
| | *Adjusted to reflect all prior ra | ite changes. | en e | | | |
| | **Change in Company's prem | | t from application of new | | | |
| | rates. | | | | | |
| | | Jours American Inc | uranco-Company | | | |

Iowa American Insurance Company

Name of Company Michael L. Wiseman, FCAS, Sr. VicePres., Treasurer

FORM (RF-3)

SUMMARY SHEET

-1

Change in Company's premium or rate level produced by rate revision effective <u>09/01/2012</u>

| | (1) | (2) Annual Premium | (3) Percent | | | |
|------------|--|--|--|--|--|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** | | | |
| | Automobile Liability Private | and the control of th | - | | | |
| | Passenger | | | | | |
| | Commercial | | | | | |
| 2 | Automobile Physical Damag | | | | | |
| | Private Passenger | | | | | |
| | Commercial | | | | | |
| 3. | Liability Other Than Auto | | | | | |
| ١. | Burglary and Theft | | | | | |
| j. | Glass | | | | | |
|) . | Fidelity | | | | | |
| | Surety | | | | | |
| | Boiler and Machinery | | | | | |
| ١. | Fire | *auracia in a special come a constituir de la constituir | | | | |
| 0. | Extended Coverage | | | | | |
| 1.4 | Inland Marine | radionismo uma a ilientus manimistri interiore. La describir interiore de la describir de la describir de la dela dela dela dela dela dela del | | | | |
| 2. | Homeowners | | | | | |
| 3. | Commercial Multi-Peril | | | | | |
| 4, | Crop Hail | | | | | |
| 5. | Other Workers Compensation | 4,067,812 | 7.49% | | | |
| | Life of Insurance | A second | (the first complete at the pairs internal to the space was the services at the pair and a contract the services and the services at the servic | | | |
| * | Does filing only apply to certa Classes? If so, specify: | in territory (territories) or | certain | | | |
| | Brief description of filing. (If filing follows rates of an advisory | | | | | |
| | Organization, specify | | | | | |
| | organization): | ganization): Adoption of NCCI's 1/1/2012 loss costs. | | | | |
| | | | | | | |
| | *Adjusted to reflect all prior ra | | t from application of now | | | |
| | **Change in Company's prem | ium ievei wnich will fesui | t nom application of new | | | |
| | rates. | | | | | |

lowa Mutual Insurance Company

Name of Company

Michael L. Wiseman, FCAS, Sr. VicePres., Treasurer

ILLINOIS SUMMARY SHEET

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective 06/01/ | sion effective 06/01/2012 | revision | v rate r | oduced by | el n | leve | rate | or | premium | Company's | Change in |
|--|---------------------------|----------|----------|-----------|------|------|------|----|---------|-----------|-----------|
|--|---------------------------|----------|----------|-----------|------|------|------|----|---------|-----------|-----------|

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or –)** |
|---|--|--|
| Automobile Liability Private Passenger | volume (minors) | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | Control of the Contro |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | ************************************** | |
| 6. Fidelity | #16.000 To The Control of the Contro | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | <u>\$9.139,098</u> | 2.01% |
| 16. OtherLine of Insurance | | |
| pes filing only apply to certain territory (territori | es) or certain classes? If so, specify The | re are no territories in this filing, however, the fi |
| pes carry 106 classification deviations. See attached Miscellan | | |
| rief description of filing (if filing follows rates of dopting NCCI IL-2011-14 to add additional classification deviation | | zation) Amending our January 1, 2012 filing |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which | will result from application of new rates. | |
| | • | |
| | Midwe | est Insurance Company |
| | | Name of Company |
| | | ogl, Senior VP Operations & Compliance |

FORM (RF-3)

| | Change in Company's premium effective 2/15/2013 | m or rate level produced | by rate revision | |
|--------|---|--|---|-------------|
| - - | (1) | (2) Annual Premium | (3) Percent | |
| | Coverage | Volume (Illinois) * | Change (+or-) ** | |
| 1. | Automobile Liability Private Passenger | | | |
| | Commercial | | | |
| 2 | Automobile Physical Damag | | _ | |
| | Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | 0 11 11 | | | s. |
| 15. | Other War KERS Comp. Life of Insurance | 5,634,965 | MAX. OF + 15,000 OR | .267/0 |
| • | Does filing only apply to certa | in torriton/(torritories) o | r certain | |
| | Classes? If so, | an tennory (tennoncs) of | Certain | |
| | specify: | NO - | | |
| | specify. | | | |
| | Brief description of filing. (If f | iling follows rates of an a | advison | |
| | Organization, specify | | davidory | |
| | · organization): | \$500 MINIMUW | 1 1# 2,500 MAXIMUM | |
| | DOFMINAN CUARGE COR | SURPLICATION ALALY | FA - 6 POLICIES IN | FORCE - |
| | PREMIUM CHARGE FOR MAXIMUM PREMIUM | CHAPGE IS # 15 | OOK ANNUALIN OR , 26 | 790. |
| | *Adjusted to reflect all prior ra | ote changes | 0 | |
| | **Change in Company's pren | ne changes. num level which will resu | alt from application of new | |
| | | | | |
| | races. | Lockwood (| PASUALTY INSURANCE | ComPAN |
| | | Na Na | me of Company | |
| | $A \cdot I$ | Side KEGULAI | DAM COMPLIANCE OF | FILER_ |
| | H nara | Juyger | ASUALTY INSURANCE ame of Company DM COMPLIANCE OF Official - Title | |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent | | | |
|--|-------------------------------|---|--|--|--|
| Coverage | Volume (Illinois) * | _ Change (+or-) ** | | | |
| Automobile Liability Private | | | | | |
| Passenger | | | | | |
| Commercial | | | | | |
| Automobile Physical Damag | | | | | |
| Private Passenger | | | | | |
| Commercial | | | | | |
| Liability Other Than Auto | | | | | |
| Burglary and Theft | | | | | |
| Glass | | | | | |
| Fidelity | | | | | |
| Surety | | | | | |
| Boiler and Machinery | | | | | |
| Fire | | | | | |
| Extended Coverage | | | | | |
| Inland Marine | | | | | |
| Homeowners | | | | | |
| Commercial Multi-Peril | | | | | |
| | | | | | |
| Crop Hail | | | | | |
| Other Worker's Compensation | 34095252 | 4.502% | | | |
| Life of Insurance | | | | | |
| Does filing only apply to certain territory (territories) or certain | | | | | |
| Classes? If so, | | | | | |
| specify: N/A | | | | | |
| | | | | | |
| Brief description of filing. (If filing follows rates of an advisory | | | | | |
| Organization, specify | | | | | |
| organization): | Adopt 11/1/2011 NCCI loss cos | ts for Technology (Technology is current) | | | |
| NCCI Rates in IL - IL NCCI publishes both rates a | | | | | |
| class codes. | | | | | |

Technology Insurance Company

Name of Company
Submitted by: James Shoenfelt, ACAS, Consulting Actuary

^{**}Change in Company's premium level which will result from application of new rates.

| | Change in Company's premium or rate | level produced by rate revision effective | re 07/01/2012 |
|--------------|--|---|----------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | - 44 44 44 | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation Line of Insurance | 89,602 | -6.9% |
| oes f No. | filing only apply to certain territory (ter | ritories) or certain classes? If so, specif | fy: |
| Tow | description of filing. (If filing follows ver National Insurance Company he wish to make this filing effective fo | rewith proposes to revise is LCM fo | or WC from 1.450 to 1.350. |
| * C | djusted to reflect all prior rate changes. hange in Company's premium level whesult from application of new rates. | | |
| | | ~ | an Nadianal Inc. |
| | • | Tov | wer National Insurance Co. |
| | | | Name of Company |
| | | Cov | re V. Storch |
| | | | |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | nior Business Analyst |